

Rental Set Up and Completion Form

HOME Program (For single and multi-address activities)

U.S. Department of Housing and Urban Development
Office of Community Planning and Development
OMB Approval No. 2506-0171
(Exp. 03/31/2005)

Check the appropriate box: <input type="checkbox"/> Original Submission <input type="checkbox"/> Change Owner's Address <input type="checkbox"/> Ownership Transfer <input type="checkbox"/> Revision	Name and Phone Number of Person Completing Form:
---	--

Set Up Rental Activity:

A. General Information.

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:

B. CHDO Information. (Only if applicable)

1. Is funding limited to CHDO Operating (CO) or CHDO Capacity Building (CC)? Y/N: (If Yes, STOP. DO NOT FILL OUT THIS FORM.)	2. If this is a CHDO activity (funded with CR), is the CHDO acting as (check one): (1) <input type="checkbox"/> Owner (2) <input type="checkbox"/> Sponsor (3) <input type="checkbox"/> Developer
3. Is this a CHDO Loan? Y/N: (If Y, answer Item 4.)	4. Is the activity going forward? Y/N: (When Y, fill out the rest of the form. If N, Sections ?? are not needed.)

C. Activity Information.

1. Activity Type (check one): (1) <input type="checkbox"/> Rehab Only (4) <input type="checkbox"/> Acquisition & Rehab (2) <input type="checkbox"/> New Construction Only (5) <input type="checkbox"/> Acquisition & New Construction (3) <input type="checkbox"/> Acquisition Only		2. Property Street Address:		
3. City:	4. State:	5. Zip Code:	6. Estimated HOME Units:	7. Estimated HOME Cost:
8. Loan Guarantee? Y/N:				

D. Developer Information. (Only applicable if this is a multi-address activity)

1. Developer Type (check one): (1) <input type="checkbox"/> Individual (4) <input type="checkbox"/> Not-for-Profit (2) <input type="checkbox"/> Partnership (5) <input type="checkbox"/> Publicly Owned (3) <input type="checkbox"/> Corporation (9) <input type="checkbox"/> Other	2. Developer's Name:		
	3. Developer's Street Address:		
	4. City:	5. State:	6. Zip Code:

Complete Rental Activity:**E. General Information.** (Same as set up)

1. Name of Participant:	2. County Code:	3. IDIS Activity ID Number:	4. Activity Name:
-------------------------	-----------------	-----------------------------	-------------------

F. Activity Information. (Sections F, G, and H are to be filled out for each property address. If this is a multi-address activity, make copies of this form so that each address has separate F, G, and H information.)

1. Activity Type (check one): (2) <input type="checkbox"/> New Construction Only (3) <input type="checkbox"/> Acquisition Only		(4) <input type="checkbox"/> Acquisition & Rehab (5) <input type="checkbox"/> Acquisition & New Construction		2. Property Type (check one): (1) <input type="checkbox"/> Condominium (2) <input type="checkbox"/> Cooperative (3) <input type="checkbox"/> SRO		(4) <input type="checkbox"/> Apartment (5) <input type="checkbox"/> Other		3. FHA Insured? Y/N:		
4. Mixed Use? Y/N:		5. Mixed Income? Y/N:		6. Total Completed Units: HOME-assisted Units: 504-accessible Units:						
7. Property Street Address:				8. City:			9. State:		10. Zip Code:	

G. Activity Costs.**1. HOME Funds (Including Program Income)**

(1) Amortized Loan	\$
(2) Grant	\$
(3) Deferred Payment Loan (DPL)	\$
(4) Other	\$
(5) CHDO Loan	\$
Total HOME Funds [(1) + (2) + (3) + (4) + (5)]	\$

2. Public Funds

(1) Other Federal Funds	\$
(2) State/Local Funds	\$
(3) Tax Exempt Bond Proceeds	\$
Total Public Funds [(1) + (2) + (3)]	\$

3. Private Funds

(1) Private Loans	\$
(2) Owner Cash Contribution	\$
(3) Private Grants	\$
Total Private Funds [(1) + (2) + (3)]	\$

4. <i>Low-Income Housing Tax Credit Proceeds</i>	\$
5. Activity Total (Sum All Totals)	\$

H. Household Characteristics. (Refer to code below where applicable)

[illegible]

# of Bdrms 0 – SRO/Efficiency 1 – 1 bedroom 2 – 2 bedrooms 3 – 3 bedrooms 4 – 4 bedrooms 5 – 5 or more bedrooms	Occupant 1 – Tenant 2 – Owner 9 – Vacant Unit	Household Race 11 – White 12 – Black or African American 13 – Asian 14 – American Indian or Alaska Native 15 – Native Hawaiian or Other Pacific Islander 16 – American Indian or Alaska Native & White 17 – Asian & White 18 – Black or African American & White 19 – American Indian or Alaska Native & Black or African American 20 – Other Multi Racial	Household Size 1 – 1 person 2 – 2 persons 3 – 3 persons 4 – 4 persons 5 – 5 persons 6 – 6 persons 7 – 7 persons 8 – 8 or more persons	Assistance Type 1 – Section 8 2 – HOME TBRA 3 – Other Federal, State, or Local Assistance 4 – No Assistance
Household % of Med 1 – 0 to 30% 2 – 30+ to 50% 3 – 50+ to 60% 4 – 60+ to 80%		Household Type 1 – Single, non-elderly 2 – Elderly 3 – Single parent 4 – Two parents 5 – Other		

